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FOR INFORMATION

COUNTRY NOTE**

Angola

SUMMARY

The Executive Director presents the country note for Angola for a programme of cooperation for the period 1999 to 2003.

THE SITUATION OF CHILDREN AND WOMEN

1. Angola is emerging from a devastating complex emergency which has severely hampered children's and women's development for over two decades. Until recently it was only feasible to plan for short-term humanitarian assistance. However, progress since the 1994 Lusaka Protocol, including the establishment of a Government of National Unity and Reconciliation in April 1997, has improved greatly the prospects for a successful emergency-to-development transition. A longer-term perspective is now required, and the opportunity afforded by the transition to move towards a more rights-based approach to programming should be seized. However, progress on implementation of the Convention on the Rights of the Child, ratified by Angola in 1991, will depend on repairing the torn social fabric and improving the household economy and public services. While gross national product has grown at about 9 per cent per year since 1994, there has been little impact on poverty. Government spending on both health and education in 1996 was only 10 per cent of the general budget.

2. Approximately 500,000 Angolan children are still displaced. Twelve per cent of children have lost their fathers and 5 per cent their mothers. In Luanda, the capital, 15 per cent of children live apart from their parents.

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* E/ICEF/1998/2.

** An addendum to the present report containing the final country programme recommendation will be submitted to the Executive Board for approval at its second regular session of 1998.

Neglect, abuse and exploitation of children are common, and their legal protection is weak. The many physically handicapped, often victims of land-mines, lack access to special education and prostheses. Public sector programmes need NGO support in such areas, including family reunification.

3. The survival rates of Angolan children and mothers are still very poor, with an under-five mortality rate of 270 per 1,000 live births and a maternal mortality rate (based on Luanda data) of 1,280 per 100,000 live births. Malaria accounts for 40 per cent of young child deaths, followed by acute respiratory and perinatal infections, diarrhoea, measles and malnutrition. Eighty-three per cent of births take place at home, usually without an experienced or trained birth attendant.

4. Forty-two per cent of young children have low weight-for-age and 53 per cent are stunted. Only 32 per cent of Angolans have access to clean water and 40 per cent to sanitation facilities. Persistent illiteracy among 50 per cent of adult men and 70 per cent of women will be reinforced by school enrolment rates among 5- to 18-year-olds of only 53 per cent for boys and 47 per cent for girls, with high drop-out and repetition rates at every level.

LESSONS LEARNED FROM PAST COOPERATION

5. The need for emergency preparedness was strongly indicated during the previous two country programmes. This period enabled considerable experience to be gained in timely response, especially through the UNICEF sub-offices. The 1997-1998 programme has consolidated this experience into the basis for longer-term programming. Improved intersectoral linkages, as well as synchronization among United Nations partners, have already become evident. The consolidation of programme management is also under way for improved effectiveness and efficiency.

6. Implementation of a multiple indicator cluster survey (MICS) in 1996 confirmed both the importance of building partnerships that incorporate diverse political interests and the potential for promoting wide recognition of the needs of children. Successful National Immunization Days (NIDs), which achieved 85 per cent coverage, the process of situation analysis and the effectiveness of the involvement of local religious leaders in promoting mines awareness all reinforce this potential. Building such broad partnerships has potential application to other major problems, such as malaria control. However, stronger national involvement in programme planning and monitoring is needed for greater sustainability, as is more involvement of donor partners, around longer-term objectives for Angolan children.

7. There is now more understanding among programme partners of the comparative advantage of UNICEF in Angola. UNICEF operates via constructive partnerships with local authorities and NGOs and can mobilize resources rapidly in support of emergency needs, attracting at least three times the annual general resources level since 1993. UNICEF should retain capacity for such mobilization, building on the progress already made towards attracting more supplementary funding than emergency funding, while providing support for the transition to a more child rights-oriented and gender-sensitive society. UNICEF should further develop other emerging strengths, particularly in knowledge generation and information networking on child issues.

PROPOSED COUNTRY PROGRAMME STRATEGY

8. The 1999-2003 strategy has been developed from a situation analysis by sectoral and multisectoral working groups, with the participation of Government,

NGOs, and United Nations and donor agencies. A strategy meeting in September 1997 and a strategy working group then finalized the present country note.

9. The overall programme goal is to promote the realization of Angolan child rights, with evidence of impact on public sector and community practice and decision-making by 2003, while maintaining an adequate emergency preparedness and response capacity. The major objectives are to: (a) contribute to the reduction of child and maternal mortality by at least 20 per cent; (b) promote the optimal development of children and youth; (c) support the Ministry of Planning to clearly articulate the needs and rights of children within both national and provincial development plans; (d) support the Ministry of Justice in developing the legal framework necessary for the better fulfilment of child rights; and (e) support the National Institute for the Angolan Child to report routinely on progress of implementation of the provisions of the Convention.

10. The major strategy components are: (a) advocacy and social mobilization to promote further the principles of the Convention; (b) promoting understanding and awareness of gender issues and the need to eliminate disparities; (c) capacity-building to strengthen knowledge generation and information dissemination on child rights; (d) balancing more effectively the ratio of service delivery to capacity-building for improved sustainability; (e) reinforcement of government intersectoral planning capacity and mechanisms; (f) support to provinces in formulating annual development plans incorporating activities related to child rights; and (g) wider use of community consultation and co-management approaches.

11. The objectives will be pursued via the above strategic elements through four cross-sectoral programmes, with the first three focusing, respectively, on the survival, development and protection/participation rights of children, and the fourth addressing management needs. Emergency preparedness will be included in all programmes. The emergency component will allow for rapid mobilization and use of resources in the event of any new emergency.

12. An integrated survival programme for children, youth and women will address the major survival threats. Malaria control will be promoted via impregnated bednets, improved sanitation practices, integrated management of the sick child and rational drug use. The control of acute respiratory infections, home treatment of diarrhoea, better hygiene practices and a more sustainable approach than NIDs to the expanded programme on immunization will also be promoted. Improved antenatal care and referral practices, the prevention of sexually transmitted diseases/AIDS, exclusive breast-feeding and the control of micronutrient deficiencies will be achieved through an effective communication strategy and capacity-building. Emergency rapid response units will be consolidated within provincial authorities.

13. A child and youth development programme will: (a) improve nutritional status through the promotion of best complementary feeding and care practices and establishment of appropriate surveillance systems; (b) improve access to water and environmental sanitation, focusing on community and neighbourhood groups, schools and health facilities; (c) expand the national epidemiological surveillance system for early warning; and (d) increase children's opportunities for quality learning through the use of teacher emergency packages, combined with efforts to strengthen primary education, to increase national and donor funding to the sector and to address factors causing school drop-out.

14. A child and youth protection/participation programme will address child rights issues in four main areas: social statistics, policy analysis and monitoring; the development of effective communication materials to promote more child and youth participation; mines awareness; and support to children in need

of special protection, focused on the legal and social support framework. Cohort monitoring will begin in 1999 in order to better chart progress on children's status and rights over the full child cycle (0 to 18 years).

15. The programme management strategy will strengthen the linkages, disrupted by the emergency, between the annual and full programme cycles. A mid-term review in 2001 will analyse evaluations and a follow-up MICS. The monitoring and evaluation plan will include priority areas for operational research. The Ministry of Planning will chair an interministerial committee to review progress, and a structure will be developed to coordinate NGO partnerships. UNICEF will ensure complementarity with other United Nations agencies in Angola through the existing inter-agency programme working group and the United Nations Development Assistance Framework (UNDAF). UNICEF will consolidate the seven existing sub-offices into three regional offices. The UNICEF Luanda office will be reorganized into four sections in line with the programme structure.

16. Effective and sustained collaboration among partners is critical. UNICEF will promote child rights as a member of the United Nations Country Team, particularly as part of the Common Country Assessment and UNDAF processes. UNICEF will advocate with the Bretton Woods institutions to address the need to extend basic services and to promote activities that are responsive to child rights. Collaboration with NGOs will continue where this approach is most effective. Stronger links with the Ministry of Planning and provincial authorities will help build relevant assessment and planning mechanisms. The capacity of new partners at the community level will be developed to help meet basic needs and increase respect for children's rights.

17. Resource mobilization will depend on the Government and UNICEF being able to mobilize co-financing partners for a longer-term, rights-based approach. General resources will be used for the most critical programme components. Bilateral, multilateral and other agencies will be fully engaged in both the design of funding proposals and the monitoring of assisted programmes. Advocacy will promote increased government resource commitments to priority areas for children and will build on recent positive experiences in private sector resource mobilization.

ESTIMATED PROGRAMME BUDGET

Estimated programme cooperation, 1999-2003 a/
(In thousands of United States dollars)

	General resources	Supplementary funds	Total
Integrated survival	6 932	22 068	29 000
Child and youth development	5 153	16 161	21 314
Child and youth protection/participation	4 213	11 298	15 511
Programme management	2 502	6 873	9 375
Total	18 800	56 400	75 200

a/ These are indicative figures only which are subject to change once aggregate financial data are finalized.